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FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

FORM D

Washington, D.C. 20549

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response. 16.00

OMB APPROVAL

SEC	JSE ONLY	
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DATE	RECEIVED	

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

UNITORIA FIMILED OLLEVING EVE	VIFTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
3% Series A Convertible Notes	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4	(6) ULOE
Type of Filing: New Filing Amendment	AECEIVED CO
A. BASIC IDENTIFICATION DATA	12 (2 (A) A) A (A) (A)
1. Enter the information requested about the issuer	2 3 JAN 0 0 2003
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
NTOBJECTives, Inc.	**************************************
Address of Executive Offices (Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)
34 Cool Brook, Irvine, CA 92603	949.584.1929
Address of Principal Business Operations (Number and Street, City, State, Zip Cod	e) Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	A CARANT REPORT AND ARREST COMPANY OF A PART O
Software Developer and Vendor	
	! ABBIT! BITAL
Type of Business Organization corporation limited partnership, already formed	π (please specify) 05056091
business trust limited partnership, aready formed of the	r (please specify)
Month Year	
	stimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S	
CN for Canada; FN for other foreign jurisdiction)	cla
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation	D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

	A. BASIC IDE	NTIFICATION DATA		en men en kan de samen de service de la companya d La companya de la companya de
2. Enter the information requested for the fol	llowing:		•	
• Each promoter of the issuer, if the iss	suer has been organized wi	thin the past five years;		
 Each beneficial owner having the pow 	er to vote or dispose, or dire	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director o	f corporate issuers and of o	corporate general and man	aging partners of	partnership issuers; and
 Each general and managing partner of 	f partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if individual) J.D. Glaser				
Business or Residence Address (Number and 34 Cool Brook, Irvine, CA 92603	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Matthew L. Cohen				
Business or Residence Address (Number and 18801 Tabor Drive, Irvine, CA 92603	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) William D'Angelo III				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
324 Narcissus Ave, Corona del Mar, CA	92625	_		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Steven Wallace				
Business or Residence Address (Number and 34 Cool Brook, Irvine, CA 92603	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	ode)		

					В. І	NFORMATI	ON ABOU	T OFFERI	NĞ	11			
1.	Hac the	iccuar cold	l, or does th	va icenar ir	stand to ca	II to non a	ooredited is	nvectors in	this offeri	na?		Yes	No
1.	nas inc	155061 5010	i, or does ti			Appendix,				-	•••••		X
2.	What is	the minim	um investm			• •		-				s 100	00.000,
						F 10 0 11 0 111 1	,					Yes	No
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?				••••••			X
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remunes ted is an ass une of the b you may so	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered as to be list	sales of sec l with the S ed are asso	curities in the EC and/or	he offering.		
Ful n/a		Last name	first, if indi	vidual)				<u>.</u>					
		Residence	Address (N	umber and	Street, Ci	itv. State, Z	in Code)						
Naı	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	or check	individual	States)				•••••			☐ Al	l States
	AL	ĀK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler			<u></u>						
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)			•••••				☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM.	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	[WV]	WI	WY	PR
Fu	ll Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)	*	· · · · · ·				
Na	me of As	sociated B	roker or De	aler									
<u></u>		L'al D	Listed Ha	6 11 1	T . 1	. 6 11 11							
Sta			i Listed Ha: s" or check				• • • • • • • • • • • • • • • • • • • •					□ Al	I States
	AL IL	AK IN	AZ IA	[AR]	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	1,000,000.00	1,000,000.00
	Partnership Interests		
	Other (Specify)	S	\$
	Total		\$ 1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	2	\$_1,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<u> </u>	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	v	\$_5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_5,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer."	e "adjusted gross	\$
5. Indicate below the amount of the adjusted gross proceed to the issuer used or propose each of the purposes shown. If the amount for any purpose is not known, furnish a check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C — Question 4.b above.	an estimate and	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	\$ <u>5,000.00</u>	\$
Purchase of real estate	\$	<u></u> \$
Purchase, rental or leasing and installation of machinery and equipment	\$	\$
Construction or leasing of plant buildings and facilities	\$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		□\$
Repayment of indebtedness		
Working capital		
Other (specify):	 -	_ _
	 	<u></u> \$
Column Totals	\$ 1,000,000.0	0.00
Total Payments Listed (column totals added)	_	000,000,000
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized pers signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Ex the information furnished by the issuer to any non-accredited investor pursuant to parag	son. If this notice is filed under Ru schange Commission, upon writte	
Issuer (Print or Type) Signature	Date	
NTOBJECTives, Inc.	May 31, 2005	
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Matthew L. Cohen Matthew L. Cohen		

--- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	and the first of the control of the The control of the control of	E. STATE SIGNATURE	ا الله الله المستقد ال المستقد المستقد المستق					
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?		any of the disqualification Yes No					
	See A	Appendix, Column 5, for state respon	nse.					
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required		state in which this notice is filed	a notice on Form				
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, up	oon written request, information	furnished by the				
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establishing	ate in which this notice is filed and ur	derstands that the issuer claiming					
	er has read this notification and knows the contemborized person.	nts to be true and has duly caused this	notice to be signed on its behalf by	the undersigned				
Issuer (1	Print or Type)	Signature	Date					
NTOBJ	ECTives, Inc.	Muss Chi	May 31, 2005					
Name (I	Print or Type)	Title (Print or Type)						

Matthew L. Cohen

Name (Print or Type) Matthew L. Cohen

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 1 2 3 4 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount ALX AK X ΑZ X AR X X CAX Convertible Notes \$900,000.00 2000 000 CO X CTX X DE X DC X FL X GA Н X ID X IL X ΙN X X IA X KS KYX LA X X ME MD X MA X MI X Convertible Notes X \$100,000.0 MN 1 X 2100 000 MSX

APPENDIX

1	2	2	3		-	4		5			
	to non-ac		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				and aggregate offering price Type of in ffered in state Type of in		Disquali under Sta (if yes, explana waiver (Part E-	attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО	A 3	×									
MT		×		=				1			
NE		×						an a constant			
NV	Every waste agreement	×									
NH	THE PERSON NAMED IN COLUMN	×						ART TO A			
NJ		×									
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NC		×									
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OR		×									
PA		×									
RI		×							and the second		
SC		×		-							
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TX		×		-							
UT		×						-	A / A A / A		
VT		×							No.		
VA		×						, , , , , , , , , , , , , , , , , , ,	and the second s		
WA	73000	×							3		
WV	¥	×						1	1		
WI	Or or other transfer and the state of the st	×	3					5 6 6	ester.		

1		2	3		5 Disqualification						
	to non-a	to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and explar amount purchased in State under St		ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY		×									
PR		×						au de la companya de			